

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

(D) 550502  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	①					
11	②					
12	③					
13	④					
14	⑤					
15	⑥					
16	⑦					
17	⑧					
18	⑨					
19	⑩					
20	⑪					
21	⑫					
22	1					
23	⑬					
24	⑭					
25	⑮					
26	⑯					
27	⑰					
28	⑱					
29	⑲					
30	⑳					
31	⑳					
32	1					
33	⑳					
34	1					
35	⑳					
36	⑳					
37	⑳					
38	⑳					
39	⑳					
40	⑳					
41	⑳					
42	⑳					
43	⑳					
44	⑳					
45	⑳					
46	⑳					
47	⑳					
48	⑳					
49	⑳					
50	⑳					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						